

# State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2		Total Number of Vehicles		Local No./ District <u>083</u>		Agency Case No. <u>B3-115790</u>		HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO		INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO		L
A1	DATE OF ACCIDENT		M M / D D / Y Y Y Y		S M T W T H F S		TIME OF ACCIDENT (In Military Time)		STATE USE ONLY			
A2			<u>1 2 / 1 6 / 2 0 1 3</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<u>1 8 1 5</u>					
B	PLACE OF ACCIDENT		COUNTY		CITY		POLICE NOTIFIED		LATITUDE			
40			<u>Lancaster</u>		<u>Lincoln</u>		<u>1816</u>					
C	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO.		ONE-WAY STREET?		PRIVATE PROPERTY?		LONGITUDE			
4			<u>11th &amp; K St</u>		<input checked="" type="radio"/> YES <input type="radio"/> NO		<input type="radio"/> YES <input checked="" type="radio"/> NO					
D	DISTANCE FROM MILEPOST		FEET		N S E W OF MILEPOST		HIGHWAY NO.		SHOULD LOCATION HAVE ENGINEERING STUDY?			
1									<input type="radio"/> YES <input checked="" type="radio"/> NO			
V1/M	IF AT INTERSECTION		NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V2/M												
E	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
2												
F	R. WORK ZONE CODES		R1 R2 R3 R4		S. PEDESTRIAN CLASSIFICATION CODES		S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?			
1									<input type="radio"/> YES <input checked="" type="radio"/> NO			
V1/N	DRIVER LICENSE NO.		<u>602143148</u>		STATE (Of License)		<u>NE</u>		SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V2/N	DRIVER		<u>Julie A. Brockman</u>		PHONE		<u>(402) 617-2252</u>		LOCAL NO.			
G	DRIVER ADDRESS		<u>1700 W Peach St. Lincoln NE 68522</u>		CITY, STATE, ZIP		<u>NE 68522</u>		DATE OF BIRTH (MM / DD / YYYY)			
6									<u>08/30/1968</u>			
H	OWNER		<u>Same as Driver</u>		PHONE		<u>( ) -</u>		LOCAL NO.			
5												
V1/O	OWNER ADDRESS		<u>Same as Driver</u>		CITY, STATE, ZIP		<u>NE 68522</u>		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO			
V2/O									CITATION NO. <u>LR406432</u>			
I	LICENSE PLATE NO.		<u>5 P B 577</u>		YEAR (Plate Expires)		<u>2014</u>		STATE (Of Plate)			
5									<u>NE</u>			
V1/Q	VEHICLE		<u>9003</u>		MAKE		<u>Honda</u>		MODEL			
V2/Q									<u>CR-V</u>			
J	VEHICLE ID NO. (VIN)		<u>JHLRD78883C043685</u>		COLOR		<u>Silver</u>		ESTIMATED DAMAGE			
01									<input type="radio"/> TOTAL \$ <u>0.00</u>			
K	TOWED TO				TOWED BY				INSURANCE COMPANY			
02									<u>Nationwide</u>			
L	VEHICLE NO. 2				POLICY NO.		<u>PRM0012425179-0</u>					
M	DRIVER LICENSE NO.				STATE (Of License)				SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
1												
N	DRIVER				PHONE		<u>( ) -</u>		LOCAL NO.			
1												
O	DRIVER ADDRESS				CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)			
1									<u>1 1</u>			
P	OWNER				PHONE		<u>( ) -</u>		LOCAL NO.			
1												
Q	OWNER ADDRESS				CITY, STATE, ZIP				CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO			
1									CITATION NO.			
R	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			
1												
S	VEHICLE				MAKE				MODEL			
1												
T	VEHICLE ID NO. (VIN)				COLOR				ESTIMATED DAMAGE			
1									<input type="radio"/> TOTAL \$			
U	TOWED TO				TOWED BY				INSURANCE COMPANY			
1												
V	TOWED BY				POLICY NO.							
1												

  

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F				
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	1	2	3	4	5	SEX	
1	<u>Sarah J. Polard</u>	<u>1111 H St NE Lincoln, NE</u>				<u>09/28/1986</u>	<u>1</u>	<u>8</u>	<u>1</u>	<u>0</u>	<u>3</u>	<u>F</u>
2												
3												
4												
5												

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS



Indicate North by Arrow

APOT = Both Veh & Ped  
Moved from Original Scene prior to LAPD Arrival

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

83-115790

S. 11

\* Walk Pedestrian Signal on when SB traffic signal is green

Not to Scale / Measurements Approx

KST

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Ped stated she was crossing KST (in crosswalk) on the east side of S. 11th SB. Ped stated the traffic signal for SB traffic was green along with the 'Walk' Pedestrian Signal. Ped stated while in the crosswalk Veh #1 collided with her right leg/foot causing injury. Dr #1 stated she was traveling SB on S. 11th. Dr #1 stated she turned left to head EB on KST. Dr #1 stated while making the turn there was a collision between her Veh & the Ped. Dr #1 stated the traffic signal for her lane was green but did not observe the Ped. Crossing Sign.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( ) -	\$
				( ) -	\$

WITNESSES	NAME	ADDRESS	PHONE
			( ) -
			( ) -

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2													
1		X			S. 11th	POINT OF IMPACT	08	POINT OF IMPACT		4				2				1 1 X			
2						MOST DAMAGED AREA	010	MOST DAMAGED AREA										ALCOHOL TESTING			
1	06				06 Turning left					1 Deployed - front				1 None used - vehicle occupant				Driver No. 1			
2					07 Making U-turn					2 Deployed - side				2 Lap & shoulder belt used				Driver No. 2			
					08 Entering traffic lane					3 Deployed - both front/side				3 Shoulder belt only used				Pedestrian			
					09 Leaving traffic lane					4 Not deployed				4 Lap belt only used				ALCOHOL LEVEL TESTED			
					10 Parked					5 Not applicable/No airbag available				5 Child safety seat used				N X			
					11 Slowing or stopped in traffic					6 Unknown				6 Child booster seat used				N			
					12 Other									7 DOT approved helmet used				BAC LEVEL			
					13 Unknown									8 Costume helmet used				ALCOHOL/DRUGS SUSPECTED			
														9 Restraint use unknown				1 Neither alcohol nor drugs suspected			
																		2 Yes - alcohol suspected			
																		3 Yes - drugs suspected			
																		4 Yes - alcohol & drugs suspected			
																		5 Unknown			

OFFICER NO. #1638	TROOP/TEAM/BEAT CE/17A	DEPARTMENT Lincoln Police Dept	Photographs taken? YES NO
INVESTIGATOR NAME (Print or Type) D. Lind		INVESTIGATOR SIGNATURE [Signature]	DATE OF REPORT 12/16/2013